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**Message from the President**

**Mariea Snell, DNP, MSN, RN, FNP-BC, President**

The Missouri State Board of Nursing's core mission is to protect the public. Fewer than 3% of currently licensed Missouri nurses have disciplinary action on a license. I think we can all agree that nursing is regulated because, as one of the health professions, it poses a risk of harm to the public if practiced by someone who is unprepared or incompetent. The Board of Nursing is the authorized state entity with the legal authority to regulate nursing.

Missouri has a state law commonly referred to as the mandatory reporting law. Section 383.133.1, RSMo, **mandates** that the chief executive officer or similarly empowered official of any hospital, ambulatory surgical center, temporary staffing agency, nursing home, **any nursing facility, or any entity that employs or contracts with licensed health care professionals** to provide health care services to individuals report to the appropriate health care professional licensing authority any disciplinary action against any health care professional or the voluntary resignation of any health care professional about whom any complaints or reports have been made which might have led to disciplinary action.

Another law, Section 383.133.4, RSMo, provides that there shall be no liability or cause of action against any entity required to file a report/complaint with the licensing agency if made in good faith and without malice. This law is in place to alleviate any concerns that the reporter/complainant might feel in reporting these issues.

The regulation, 20 CSR 2200-4.020, Mandatory Reporting Rule, indicates that the reporter is to submit

the information within 15 days of the final disciplinary action. You can read this regulation beginning on page 13 of <http://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2200-4.pdf>. This rule also clarifies that reprimands, discipline, or restrictions in response to activities which are also grounds for disciplinary actions according to the professional licensing law for that health care professional need to be reported. This is often an area of confusion for organizations. Reporting incidents that are not a violation of the Practice Act does not enhance public protection. Be sure that you have reviewed the Practice Act prior to making a complaint. Employers should be the first line of intervention in addressing violations that pose little ongoing risk to the public. In these situations, employers may be able to address deficits in a nurse's behavior and practice including judgment, knowledge, training or skill.

The Missouri State Board of Nursing takes very seriously all complaints that are brought to us. We need your help in being able to address all violations of the Practice Act. We want individuals and organizations to feel empowered to report any violations but we also want you to be informed.

You can find more information about the complaint process, including a complaint form, on our website at <http://pr.mo.gov/nursing.asp> under Complaints located on the left side navigation pane. While it is not the charge of the Missouri Board of Nursing to protect the profession, we do feel that protection of the public also protects our profession, which is consistently ranked the most trusted. We all must do our part to keep patients, the public and the profession safe.

**Executive Director Report**

**Lori Scheidt, Executive Director**

**2017 Legislative Session**

You can find the status of all bills filed during the 2017 legislative session at <http://moga.mo.gov/>. A list of bills truly agreed to and finally passed can be found at [http://www.senate.mo.gov/17info/BTS\\_Web/TrulyAgreed.aspx?SessionType=R](http://www.senate.mo.gov/17info/BTS_Web/TrulyAgreed.aspx?SessionType=R).

The bills to change the composition of the Board of Nursing did not pass. The current law, 335.021.1., RSMO, requires that there be two licensed practical nurses on the board. The Board of Nursing had requested a change in the law to change one of the licensed practical nurse positions to an Advanced Practice Registered Nurse (APRN). The Board requested this change because one of the licensed practical nurse positions has been vacant for nearly three years now. Since 1953 there have been 22 gaps in LPN representation on the board, spanning from ten days to over four years. The board has only had a full complement of two LPN board members five times in the past 60 years.

A change in the law would allow for more flexibility in making appointments to the board and additionally would be more representative of all licensees regulated by the Board.

Changes to collaborative practice regulations between advanced practice registered nurses (APRNs) and physicians also did not pass.

**Monitor and Protect Your License**

Recently, a request to renew was triaged to me because the nurse had practiced almost 7 years on an expired license. Don't let this happen to you.

RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. We strongly encourage enrollment in Nursys e-Notify for many reasons. You enroll yourself in e-Notify by going to [www.nursys.com/e-notify](http://www.nursys.com/e-notify) and select "As a Nurse" to complete the registration process. When enrolling yourself in e-Notify, opt to receive automated electronic reminders.

Once enrolled, it will notify you before your license expires and when it expires. It is also possible that a nurse's license could be suspended for failure to comply with the tax law. The nurse would receive a notification any time any discipline is attached to the license. Keeping on top of your license can help you prevent any fraudulent licenses or certificates being issued in your name. Missouri is a member of the nurse licensure compact. Your multi-state license is tied to your primary state of residence. A change to your primary state of residence could change your multi-state license status. This system will notify you if that status changes. When you apply to renew your license or submit your license renewal online, your license is not automatically renewed. If you enroll in this system, you will be notified when your license is renewed. Those are just a few examples of how enrolling

*Executive Director continued on page 2*





<http://pr.mo.gov>

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Executive Director continued from page 1

yourself in this system will protect the license you have worked so hard to obtain. This system pushes notification of changes to you rather than you having to continually re-query the system.

The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather important workforce data to enhance Missouri’s ability to plan for nurse supply and demand and ultimately, improve healthcare for all. Missouri is a member of the not-for-profit organization the National Council of State Boards of Nursing (NCSBN). Nursys.com and the Nursys e-Notify service are maintained by NCSBN with the participation of boards of nursing in order to support the mission and work of those individual boards of nursing. Please be assured that, per the Nursys e-Notify terms of use, the National Council of State Boards of Nursing (NCSBN) does not sell information. Workforce related information provided in the registration is used for the purposes of nursing workforce research.

You need to keep the board informed of your current name and address. A notification form can be found at [www.pr.mo.gov/nursing](http://www.pr.mo.gov/nursing). There are several reasons for this:

- o Licenses are suspended by operation of law for not filing or not paying state income taxes. If we do not have your current address, your license could be suspended without your receiving notification.
- o Failure to inform the board of your current address is cause to discipline your nursing license. You are required to inform the board of a change in your name and/or address within 30 days of the change.

Missouri Nurses

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Oliver Walker Wilson  
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If you have been contacted by the State Board of Nursing or Administrative Hearing Commission, call me or my associate Jennifer Bard for a free consultation as you have the right to be represented by an attorney.



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The choice of a lawyer is an important decision and should not be based solely on advertisements.

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- o Missouri is a member of the nurse licensure compact (NLC). This is similar to a driver’s license where you are licensed in one state and can practice in other states that are members of the compact without having to obtain another license in that state. You can find an overview of the compact as well as a list of member states at [www.ncsbn.org/compacts](http://www.ncsbn.org/compacts). The compact regulations also require that you keep your address updated. Whether you have a multistate or single state license depends on your primary state of residence.

Practice is where the patient is at the time nursing care is rendered. Know the state’s Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice Act on our web site. You can find links to other state boards of nursing at [www.ncsbn.org](http://www.ncsbn.org).



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Data provided by the U.S. Bureau of Labor Statistics 2016 report.

## Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

## Number of Nurses Currently Licensed in the State of Missouri

As of June 1, 2017

Profession	Number
Licensed Practical Nurse	24,123
Registered Professional Nurse	104,163
Total	128,286

## SCHEDULE OF BOARD MEETING DATES THROUGH 2018

August 8-11, 2017

November 7-9, 2017

February 28-March 2, 2018

May 23-25, 2018

August 8-10, 2018

November 7-9, 2018

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**



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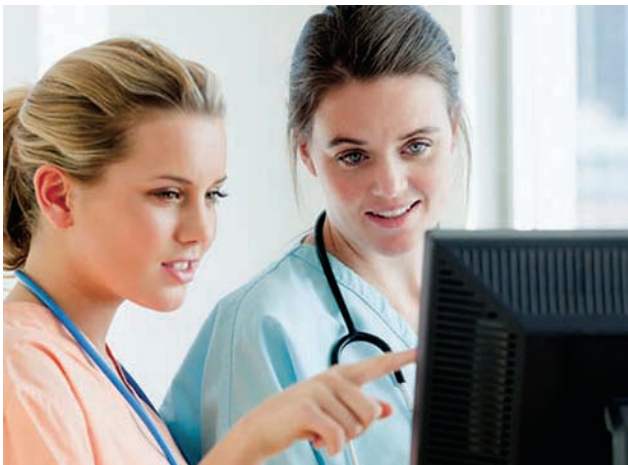
# A Nurse’s Guide to the Use of Social Media

A nurse must understand and apply these guidelines for the use of social media.

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Individuals use blogs, social networking sites, video sites, online chat rooms and forums to communicate both personally and professionally with others. Social media is an exciting and valuable tool when used wisely. The very nature of this medium, however, can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the

Internet is discoverable by a court of law even when it is long deleted. Nurses are welcome to use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Nurses can positively use electronic media to share workplace experiences, particularly those events that are challenging or emotionally charged, but it is imperative not to mention patients by name or provide any information or details that could possibly identify them in order to protect patients’ right to privacy.

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Social Media in the Workplace

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Social media provides nurses with a way to express their feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice are recognized as effective tools in nursing practice, and the Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information, and violating patient privacy and confidentiality. Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of these policies often address personal use of employer computers and equipment, personal computing during work hours, and the types of websites that can be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom. The employer’s policies, however, typically do not address the nurse’s use of social media to discuss workplace issues outside of work on home computers, personally-owned phones and other hand-held electronic devices. It is in this context that the nurse may face potentially serious consequences for the inappropriate use of social media.

Jamie has been working in hospice care for the last six years and one of her patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. One day, Maria posted about her depression. As her nurse, Jamie wanted to provide support, so she posted, “I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday.” The site automatically listed the user’s name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her to ask about Maria’s condition. “I saw your post yesterday. I didn’t know you were taking care of Maria,” the friend said. “I hope that new medication helps with her pain.”

This is an example of a violation of confidentiality through social media. While Jamie had Maria’s best intentions at heart by trying to offer her words of support, she inadvertently disclosed information about a patient on a social media site. Everyone who read that post now knows about Maria’s medication and increase in morphine, violating her right to privacy and confidentiality. Instances of inappropriate use of electronic media by nurses such as this have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and to the media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts:

- Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse.
- Such information may only be disclosed to other members of the health care team for the purpose of providing care for the patient.
- Confidential information should be shared only with the patient’s informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions, a nurse is obligated to safeguard confidential information.

As a licensed practical nurse for more than 20 years, Bob knew the importance of safeguarding a patient’s privacy and confidentiality. One day, he used his personal cell phone to take photos of Claire, a resident in the group home where he worked. Bob received permission from Claire’s brother to take the photo since she was unable to give consent due to her mental and physical condition. That evening, Bob ran into William, a former employee of the group home. While catching up, he showed William the photo of Claire and discussed her condition with him. The administrator of the group home later learned of Bob’s actions and terminated his employment for breach of confidentiality.

Bob thought it was okay for him to take Claire’s photo because he had the consent of a family member. He also thought it was acceptable for him to discuss Claire’s condition because William previously worked with Claire. So why was this behavior wrong? Because, first, merely asking Claire’s brother for permission is not obtaining a

valid consent. Second, confidential information should not be disclosed to persons no longer involved in the care of a patient. Even though Bob made an honest mistake, confidentiality rules must be strictly enforced to protect a patient’s right to privacy.

Privacy relates to the patient’s expectation and right to be treated with dignity and respect. Effective nurse/patient relationships are built on trust. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate “need to know.” Any breach of this trust, even inadvertent, damages the nurse/patient relationship and the general trustworthiness of the profession of nursing.



Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy and confidentiality by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental

Privacy is the patient’s expectation to be treated with dignity and respect. Confidentiality is safeguarding patient information.

A Nurse’s Guide continued on page 4



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**A Nurse's Guide continued from page 3**

health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information they post via social media sites. Examples may include comments in which patients are described with enough sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients.

*Emily, a 20-year-old junior nursing student, wasn't aware of the potential repercussions that could occur when she took a photo of Tommy, a 3-year-old leukemia patient in a pediatric unit, on her personal cell phone. When Tommy's mom went to the cafeteria, Emily asked him if she could take his picture, which Tommy immediately consented to. Emily took his picture as she wheeled him into his room. She posted Tommy's photo on her Facebook page with this caption: "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy! He is the reason I am so proud to be a nurse!" In the photo, Room 324 of the pediatric unit was visible. Days later, the dean of the nursing program called Emily into her office. A nurse from the hospital found the photo Emily posted of Tommy on Facebook and reported it to hospital officials who also contacted Emily's nursing program.*

While Emily never intended to breach the patient's confidentiality, the hospital faced a HIPAA violation. From Emily's post, people were able to identify Tommy as a cancer patient and the hospital where he was receiving treatment. School officials expelled Emily from the nursing program for breaching patient confidentiality and HIPAA violations. The nursing program was also barred from using the pediatric unit for their students. Emily's innocent, yet inappropriate action of posting a patient's photo had repercussions for her, the nursing program and the hospital.

But what if Emily removed the photo hours later? If it's taken down, no harm, no foul, right? No. Anything that exists on a server is there forever and could be retrieved later, even after deletion; therefore, it would still be discoverable in a court of law. Further, someone could have taken a screen shot of her Facebook page and posted it on a public website. Patient information and photos should never be posted on social media websites. Even after being deleted, the photo is still on a server and possibly posted somewhere else on the Internet.

**Potential Consequences**

As we've seen with Jamie, Bob and Emily, potential consequences for inappropriate use of social and electronic media by nurses vary. Consequences depend, in part, on the particular nature of the nurse's conduct.

Instances of inappropriate use of social and electronic media may be reported to the BON. Laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media sites by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (defined as conduct that is considered contrary to community standards of justice, honesty or good morals);
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

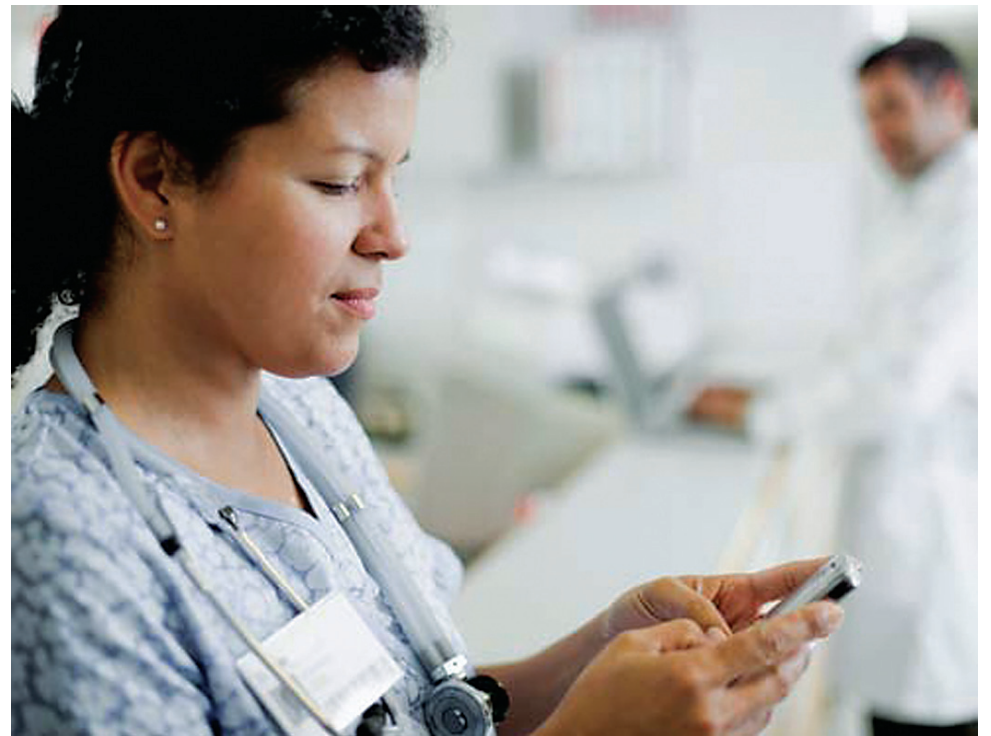
Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability and be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a lawsuit or regulatory consequences.

**Social Media's Impact on Patient Safety and Care**

Another concern arising from social media misuse is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute lateral violence. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet. This is sometimes referred to as "cyber bullying." Such activity is a cause for concern for current and future employers, and regulators because they negatively affect team-based care, thus creating patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined.

Nonetheless, negative comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

**Common Myths and Misunderstandings of Social Media**

While instances of intentional or malicious misuse of social media have occurred, in most cases, inappropriate disclosure is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media, including:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others.
- A mistaken belief that content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself or herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

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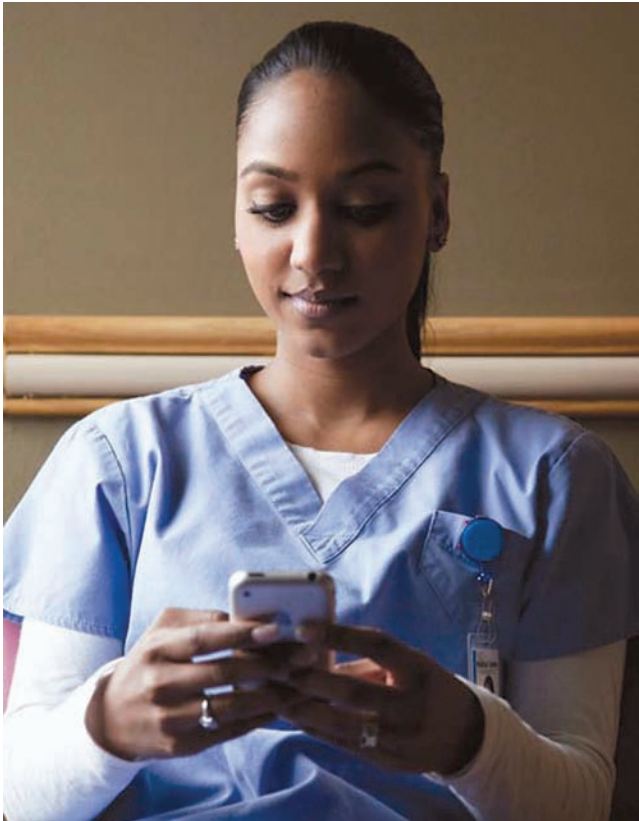
The ease of posting and the commonplace nature of sharing information via social media may appear to blur the line between one’s personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces not only the time it takes to post, but also the time to consider whether the post is appropriate and what ramifications may come from posting inappropriate content.

How to Avoid Disclosing Confidential Patient Information

With awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients. The following guidelines are intended to minimize the risks of using social media:

- Nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Nurses must not share, post or otherwise disseminate any information or images about a patient or information gained in the nurse/patient relationship with anyone unless there is a patient-care-related need to disclose the information or other legal obligations to do so.
- Nurses must not identify patients by name, or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Nurses must not refer to patients in a disparaging manner, even if the patient is not identified.
- Nurses must not take photos or videos of patients on personal devices, including cell phones. Nurses should follow employer policies for taking photographs or videos of patients for treatment or other legitimate purposes using employer-provided devices.
- Nurses must maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage

- in a personal relationship with the patient.<sup>1</sup> Nurses must consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Nurses must promptly report any identified breach of confidentiality or privacy.
  - Nurses must be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices, and use of personal devices in the workplace.
  - Nurses must not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
  - Nurses must not post content or otherwise speak on behalf of the employer unless authorized to do so and must follow all applicable policies of the employer.



**Conclusion**  
Social and electronic media have tremendous potential for strengthening personal relationships and providing valuable information to health care consumers, as well as affording nurses a valuable opportunity to interface with colleagues from around the world. Nurses need to be aware of

<sup>1</sup> Nurses may want to consult NCSBN’s “A Nurse’s Guide to Professional Boundaries” for more information on this issue.

the potential consequences of disclosing patient-related information via social media, and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

### THE NURSE’S CHALLENGE

- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
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# Governor Greitens Signs Proclamation Recognizing Nurses Week



On May 11, 2017, Governor Eric Greitens presented the following proclamation recognizing Nurses Week in Missouri:

Office of the Governor  
State of Missouri  
**Proclamation**

**WHEREAS**, the nearly 3.6 million registered nurses in the United States comprise our nation's largest health care profession; and

**WHEREAS**, the depth and breadth of the registered nursing profession meets the different and emerging health care needs of the American population in a wide range of settings; and

**WHEREAS**, the American Nurses Association and the Missouri Nurses Association, as the voices for the registered nurses of this country and state, are working to chart a new course for a healthy nation that relies on increasing delivery of primary and preventive health care; and

**WHEREAS**, a renewed emphasis on primary and preventive health care will require the better utilization of all of our nation's registered nursing resources; and

**WHEREAS**, professional nursing has been demonstrated to be an indispensable component in the safety and quality of care of hospitalized patients; and

**WHEREAS**, the demand for registered nursing services will be greater than ever because of the aging of the American population, the continuing expansion of life-sustaining technology, and the explosive growth of home health care services; and

**WHEREAS**, more qualified registered nurses will be needed in the future to meet the increasingly complex needs of health care consumers in this community; and

**WHEREAS**, the cost-effective, safe and quality health care services provided by registered nurses will be an ever-more important component of the U. S. health care delivery system in the future; and

**WHEREAS**, along with the American Nurses Association, the Missouri Nurses Association has declared the week of May 6-12, 2017, as Nurses Week with the theme "Nursing: The Balance of Mind, Body, and Spirit," in celebration of the ways in which registered nurses strive to provide safe and high quality patient care and map out the way to improve our health care system.

**NOW THEREFORE**, I, Eric R. Greitens, GOVERNOR OF THE STATE OF MISSOURI, do hereby proclaim May 6 – 12, 2017, to be

## NURSES WEEK

in Missouri, and celebrate registered nursing's accomplishments and efforts to improve our health care system and show our appreciation for the nation's registered nurses.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 12th day of April, 2017.

(Signed by Governor Greitens and attested by Jay Ashcroft, Secretary of State)

## Moments with Marcus

# Reflections on 40 Years

Marcus Engel

It's hard for me to imagine what Barb saw. Even after 15+ years of nursing experience, how could she prepare to witness something so...wrong. This...this teenager who was living through incomprehensible pain. This kid who, at 18, was now without sight. With his whole life ahead of him, he shouldn't have to endure 20 and 25 hour facial reconstructions.

And yet? When Barb first appeared at my bedside, she set aside her own emotions for that of her new patient. Me. She introduced herself, shook my hand and said she would be my nurse. She was not intimidated by this collection of disfiguring injuries. Barb was not afraid to touch me or talk to me. She was matter of fact and that communicated competence. She told me about her son, Mark, also a teenager, with whom I shared a name. Or, at least a pronunciation. She was down to earth, she was kind and, while the trach in my throat kept me from speaking, she was patient with my long hand scrawls across a legal pad.

"Let's get you settled and all hooked up, Marc. Then, I can give you some morphine and your parents can come in and hold your hands." A few minutes later and with her tasks complete, Barb ushered my parents into the ICU and she quietly slipped into the hall.

As my mom and dad gazed down on their blind and broken son, I simply wrote, "I like her..."

Little did either of us know that, in those precious moments of introduction, a relationship, a philosophy and an example were born.

Just days ago, Barb celebrated 40 years on the job at Barnes-Jewish Hospital. That's 40 years on the same head and neck floor where I served my tour of duty. Four decades of taking care of patients with injuries, illness and loss. She still loves it and, if they are anything like me, her patients love her, too.

When my book, *"I'm Here: Compassionate Communication in Patient Care"* was released, Barb was moved to tears when she discovered the book had been dedicated to her. These weren't all tears of joy, however, because the book had also been dedicated to the memory of Barb's son, Mark.

Just three years prior to that dedication, Mark, at 24, made the courageous choice to stop treatments for an extremely deadly cancer called DSRCT. I never met Mark face to face, but I feel like I know him from Barb's stories.

On her 40-year work anniversary, I asked my Facebook friends to like and comment on the announcement of Barb's milestone. I was overwhelmed with how many nurses, who have never met Barb, commented how they model their style of nursing after her example. I was blown away recently when I keynoted for a nursing conference where half the audience wore shirts that read, "I Want to be a Barb!" There are currently over 60 nursing schools across the country where student nurses read the book that details the beautiful and fragile relationship between nurse and patient.

So, on this professional milestone, what does Barb want? Frankly, she wants you to read the book...and not just because she's a character! And not just because she loves me, either...but, do it in honor of the sacred profession she (and you) "get" to do every day. And, she wants you to talk to young males about testicular self exams. Barb knows that in the end, love is what we get to leave behind. And as nurses – you leave so, so much of it in the hearts of patients like me.



Marcus Engel



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# The Missouri Board of Nursing Approves Air Force’s Practical Nurse Program

The Missouri State Board of Nursing voted unanimously to approve the Air Force BMTCP 4N051 (5 Skill Level) program as a practical nurse program. Applications are now being accepted to allow these service members to become licensed in caring for Missourians. The timing of this new licensure category corresponds to the National Nurses Day celebration held annually on May 6 that raises awareness of the important role nurses play in society.

Colonel Christine A. Kress, Master Sergeant David M. Carr and Lieutenant Colonel Dianne M. Stroble stationed at Whiteman Air Force Base testified before the board on behalf of Major General Dorothy Hogg, the Air Force Deputy Surgeon General and Chief of the Nurse Corps, Chief Jessica Liebgott, Aerospace Medical Services/ Surgical Services Career Field Manager, and the 6,800 active duty and 5,700 Guard and Reserve enlisted nursing personnel. Colonel Kress outlined the benefit for enlisted medics to take the LPN exam on the basis of academic accomplishment and clinical skills validation. Colonel Kress further said “Whiteman alone has 30 medics ready to sit for the board. Today, they are boots on the ground at the 509 Medical Group caring for our nations’ Airmen, their family members and retirees.”

As a result of the Board of Nursing action, Missouri is the first state to approve the Air Force’s program. Three other states recognize this program as equivalent, but Missouri is the first state to formally approve the program leading to increased educational and job opportunities for service members, veterans and families.

Bibi Schultz, the Board of Nursing’s Director of Education, represents Missouri on the Multi-State Collaborative on Military Credit Steering Committee (MCMC) and was instrumental in championing this action. The National Council of State Boards of Nursing (NCSBN) 2016 analysis of military health care programs



recognized this program as comparable to any standard LPN program approved by licensing boards. The Missouri Board agreed and enthusiastically approved the proposal.

Missouri Board of Nursing Director Lori Scheidt said, “We are very excited to make this landmark announcement during National Nurses Week. We are honored to work with all military branches to strengthen access to quality healthcare to the citizens of Missouri and to assisting veterans in transitioning into civilian careers. Governor Greitens’ Administration expedited approval of the regulations that allows these individuals to apply for licensure. The regulation is now effective, and military personnel or veterans who have successfully completed the Air Force BMTCP 4N051 (5 Skill Level or above) program can now apply for a LPN license in Missouri.”

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# What Will the Enhanced NLC (eNLC) Mean for Nurses?

**What does the eNLC mean for nurses in the current NLC?**

- If your state enacts the eNLC, you will be grandfathered and no further action is needed, unless you move to another state. Then you will be required to meet all the uniform licensure requirements to receive a multistate license from that state.
- The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states. You will need a single state license issued by every other state in which you plan to practice to continue to deliver care in each of those states.

**What does the eNLC mean for employers?**

- Your nurses will now be able to practice (in person or by telehealth) in other eNLC states with just one license obtained in their state of residence.
- Faculty and military spouses will just need one license to teach or practice across states in the eNLC.

- The eNLC is only for registered nurses (RNs) or licensed practical/vocational nurses (LPNs/VNs), not for advanced practice registered nurses (APRNs). APRNs have another compact that states are considering.

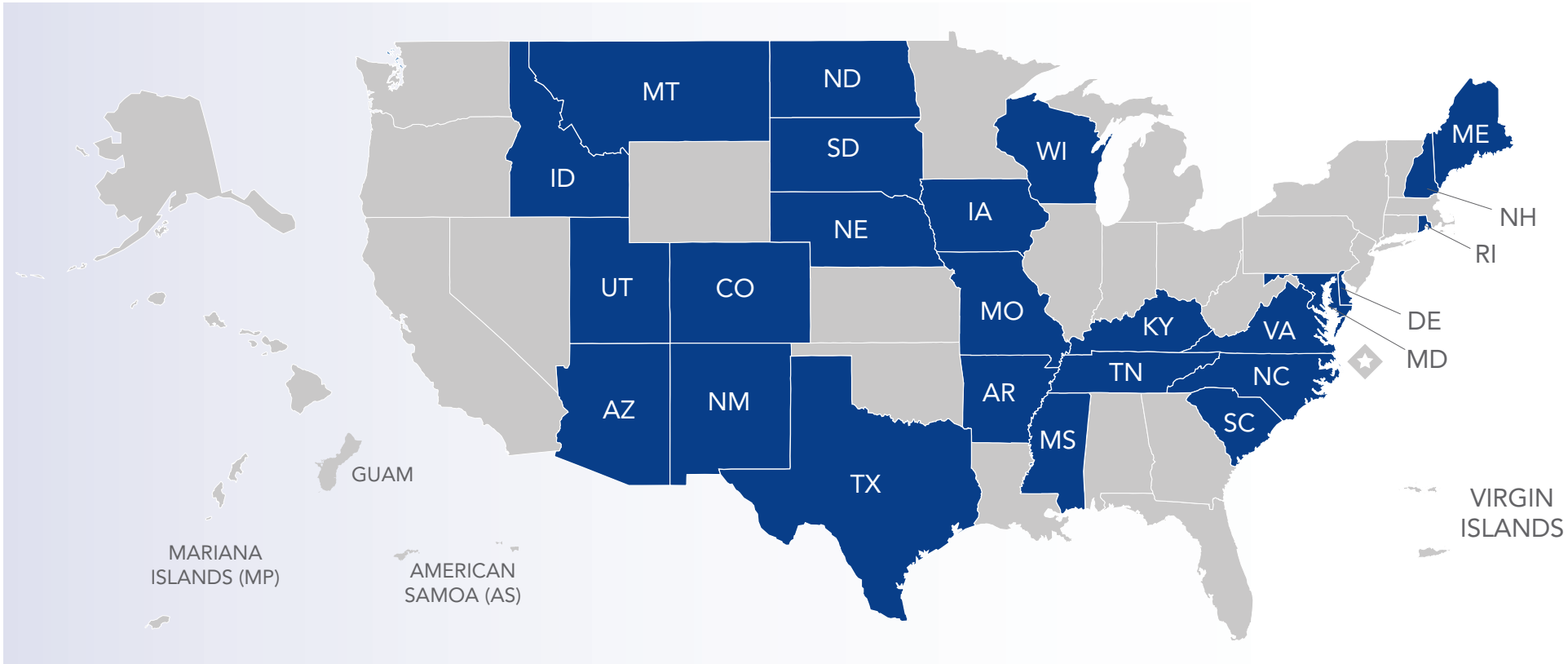
**What are the Uniform Licensure Requirements for an eNLC multistate license?**

*An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:*

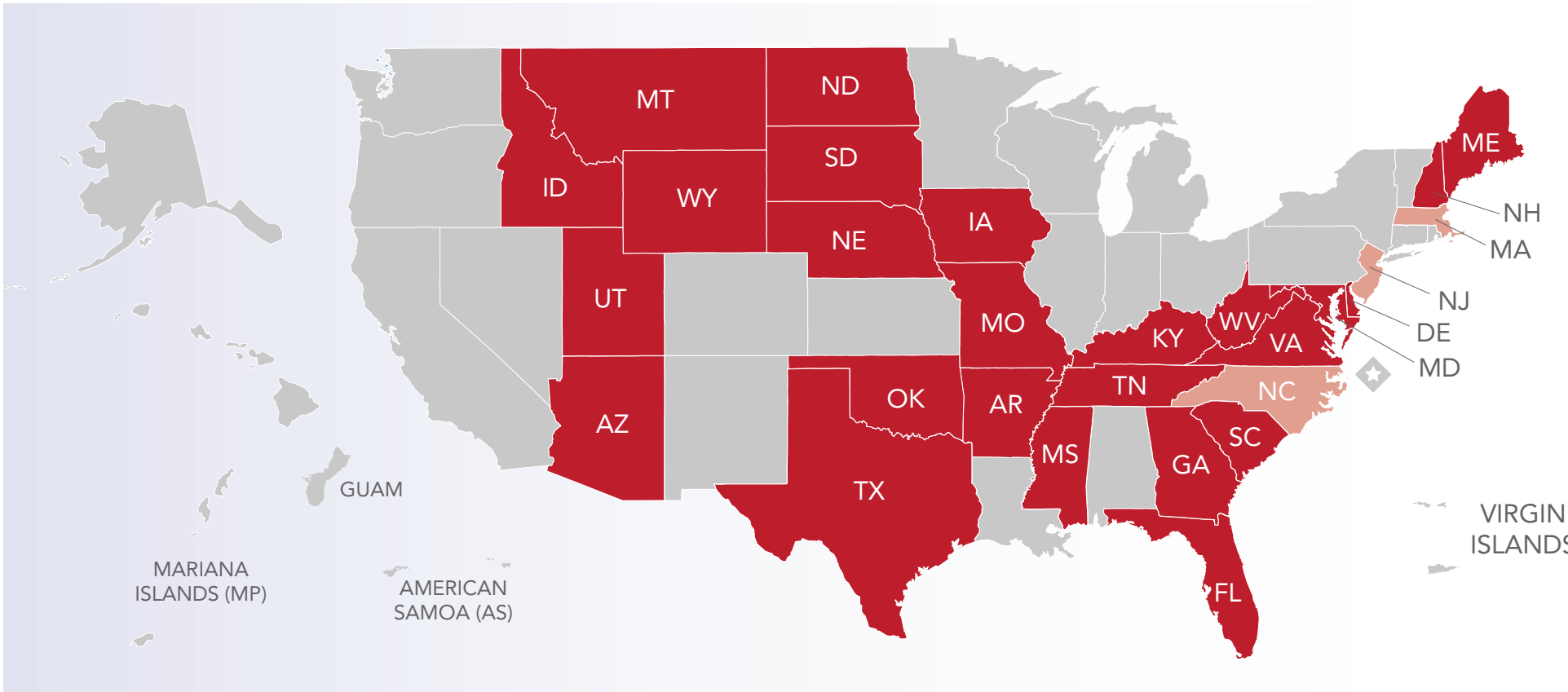
1. Has met the requirements for licensure in the home state (state of residency);
2. a. Has graduated from a board of nursing-approved education program; or  
b. Has graduated from a foreign education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);

3. Has passed an English proficiency examination (applies to graduates of a foreign education program not taught in English or if English is not the individual's native language);
4. Has passed the NCLEX-RN or PN Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

MAP 1: States in NLC



MAP 2: States that have enacted the eNLC States with pending eNLC (as of 7/14/2017)





Disciplinary Actions\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

The Board of Nursing is requesting contact from the following individuals:

Nicole Dawn Durbin – RN 2006022409

Lisa Renae Hammond – RN 2013025426

Lisa Ann Layton – PN 2001019752

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

CENSURE

**Scott, Jeanette Kay**  
Belleville, IL  
**Registered Nurse 2005036126**  
Respondent displayed incompetency when she administered medication without a physician’s order and administered the wrong dosage of medication to patients. Her failure to properly chart her administration and wasting of medications only corroborates a finding that she was either unable or unwilling to function properly in the profession. Respondent administered medications without a physician’s order, including administering the wrong dosage. Respondent violated her patients’ trust when she administered medication to them without a doctor’s order or gave them a higher dosage than prescribed by their treating physician.  
Censure 04/21/2017

**Kiiru, Olive Wanjiku P**  
Florissant, MO  
**Licensed Practical Nurse 2013005302**  
Count I: In October and November 2014, Licensee was working as an LPN for the agency providing in-home care to pediatric patient JP. Licensee’s boyfriend was frequently in the home of JP during those months and accompanied licensee on her visits. Licensee’s boyfriend and Licensee both helped JP’s mother move her things out of the home JP and her mother had been staying in. Licensee documented on November 10, 2014 that patient JP had been administered the ordered 4 pm

feeding by her before the feeding actually occurred. The feeding also was not completed by licensee, but was completed by another nurse. On the same date, Licensee failed to document the ending time of her shift correctly for patient JP when she documented her shift “ended” after a point at which she had left the home of JP and had started her car. On November 11, 2014, Licensee signed a “counseling statement” from the agency that she had left client JP without being on his continuous oxygen, that she had left his “pulse ox” off, and that she had let JP’s portable oxygen tank go empty, all while JP was in her care.  
Count II: At all times relevant in Count II, Licensee was employed by a home care agency and was working in the home of patient T.T. On or about May 14, 2015, the patient’s mother observed Licensee sleeping while on duty caring for patient T.T.  
Censure 05/12/2017

**Coleman, Sarah Nelle**  
Saint Louis, MO  
**Registered Nurse 2009003887**  
On October 17, 2015, two (2) co-workers witnessed Licensee removing an Albuterol inhaler from the Pyxis machine for her own personal use. On October 19, 2015 the Clinical Nurse Manager learned that Licensee had diverted Albuterol and began an investigation. The Clinical Nurse Manager spoke to Licensee on October 21, 2015, and during that conversation Licensee admitted that she took the Albuterol without permission and for her own personal use.  
Censure 04/14/2017

**Ard, Crystal Marie**  
Kansas City, MO  
**Registered Nurse 2010018947**  
Licensee practiced nursing in Missouri without a license from May 1, 2015, to January 6, 2017.  
Censure 03/21/2017

**Taplin, Gregory Charles**  
Saint Louis, MO  
**Registered Nurse 2014019532**  
Licensee practiced nursing in Missouri without a license from May 1, 2015, through November 16, 2016.  
Censure 03/21/2017

**Mahler, Susan J**  
St Charles, MO  
**Registered Nurse 079625**

Licensee practiced nursing in Missouri without a license from May 1, 2015 to February 15, 2017.  
Censure 04/21/2017

PROBATION

**Roby, Jill D**  
O Fallon, MO  
**Registered Nurse 136032**  
The criminal background check revealed that Licensee pled guilty to two counts of possession of a controlled substance on or about September 2, 2009. Licensee failed to disclose her guilty pleas in case number 0611-CR03502-01 on her Petition, thereby attempting to become licensed through the use of fraud, deception or misrepresentation.  
Probation 04/17/2017 to 04/17/2020

**Szachta, Kathryn Jane**  
Saint Louis, MO  
**Registered Nurse 2017013022**  
On or about February 18, 2013, Applicant tested positive for THC on a random drug screen while working as a pharmacy technician. Subsequently, Applicant participated in an employee assistance program for employment retention. Applicant tested positive for THC on a second drug screen conducted on or about March 25, 2013. Applicant was placed on the Missouri Pharmacy

Probation continued on page 10

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# Disciplinary Actions\*\*

## Probation continued from page 9

Technician Employment Disqualification List for a period of five (5) years, effective August 15, 2014. Applicant states that she last used marijuana on February 18, 2013. Probation 04/25/2017 to 04/25/2020

### Corey, Kathleen E

Independence, MO

#### Registered Nurse 091260

On June 1, 2016, while working as the on call hospice nurse, Licensee was contacted by the niece of a patient, who informed Licensee that the patient was restless. The patient had been prescribed Roxanol 20mg per ml, 0.25 to 0.5 every two hours and Ativan 2mg per ml, 1.5 every four to six hours. In response to the call from the patient's niece, Licensee increased the patient's Roxanol to 0.5 to 1.0 every hour and Ativan to 0.5 to 1.0 every hour. Licensee did not physically assess the patient before increasing the patient's medications. Licensee did not contact a doctor before increasing the patient's medications. Additionally, Licensee did not have a physician's order before she increased the patient's medication. The next day, when a co-worker confronted Licensee regarding the patient's medication change, Licensee then wrote an order, backdated the order, and documented that she had contacted a doctor regarding the medication change. When questioned by a hospital administrator, Licensee admitted she did not call the doctor before changing the medication and that she did not physically assess the patient before ordering the increase of their medication.

Probation 05/10/2017 to 05/10/2019

### Broughton, Daniel Joseph

Billings, MO

#### Registered Nurse 2004002503

A narcotics audit was performed and discrepancies were noted in Licensee's administration and charting of fentanyl for patient JM. By administering fentanyl to patient JM contrary to the patient's medical orders, Licensee was performing nursing services beyond the authorized scope of practice. Licensee failed to adequately document the administration and waste of some of the controlled substances discussed above. Licensee violated the rehabilitation center policies for documentation and waste of medication by failing to document the administration and waste of some controlled substances discussed above.

Probation 05/03/2017 to 05/03/2018

### Hamby, Michelle Lynne

Warsaw, MO

#### Registered Nurse 2014024586

On February 8, 2017, Respondent reported to the Board that she had relapsed on Dilaudid. Respondent reported that she diverted Dilaudid for her own use on multiple occasions from "right after Christmas" 2016 through February 6, 2017.

Probation 04/21/2017 to 04/21/2022

### Coleman, Kimberly Dawn

Hilo, HI

#### Registered Nurse 2007007825

Respondent failed to call in to NTS on sixteen (16) days. Further, on August 27, 2014, and May 8, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On August 7, 2015, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On October 10, 2016, and again on October 25, 2016, Respondent submitted a urine sample for random drug screening. Both samples tested positive for the presence of Oxazepam and Temazepam. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 17, 2015; December 17, 2015; June 17, 2016; and December 19, 2016. The Board did not receive an updated mental health evaluation submitted on Respondent's behalf by the documentation due date of September 17, 2014.

Probation 04/21/2017 to 06/17/2018

### Marsh, Melissa Dawn

West Plains, MO

#### Registered Nurse 2012017773

On January 31, 2017, Respondent failed to report to a collection site to provide the requested sample. On February 10, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On February 10, 2017, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of methamphetamine.

Probation 04/21/2017 to 04/21/2022

### Greer, Renata L

Madison, IL

#### Licensed Practical Nurse

Applicant admitted in a notarized statement dated March 15, 2016, that in 2009 her license was revoked due to a 2004 incident of patient abandonment. On June 25, 2008, the Administrative Hearing Commission determined there was cause to discipline, under sections 335.066.2(5) RSMo., and 335.066.2(12) RSMo., Applicant's license for abandoning a child patient and attempting to defraud her employer. On September 19, 2008, the Board revoked Applicant's nursing license. Applicant appealed the Administrative Hearing Commission's Decision and Board's Order and the decision was affirmed by the Circuit Court of Cole County on October 5, 2009. Applicant admitted in a notarized statement, that in 2010, she was convicted and found guilty of "Carry/Possess Pistol w/out Permit-Public Place-Gross Misdemeanor; Second or Subsequent-Felony" in the District Court of Hennepin County, Minnesota.

Probation 03/06/2017 to 03/06/2018

### Jawadi, Al Mehdi Mostafa

Columbia, MO

#### Registered Nurse 2011006812

Respondent was working at a hospital in the State of

Iowa utilizing his privilege to practice off his Missouri nursing license. The Missouri State Board of Nursing received information from the Iowa Board of Nursing that the State of Iowa Board of Nursing filed a Notice of Hearing and Statement of Charges on March 24, 2016, initiating a contested case alleging cause to discipline Respondent's privilege to practice nursing in the State of Iowa. Respondent signed a settlement agreement to settle the contested case in which Respondent voluntarily relinquished his privilege to practice nursing in the State of Iowa, but did not admit the allegations contained in the Statement of Charges.

Probation 04/17/2017 to 04/17/2020

### Cameron, Rosalind Sherron

Belleville, IL

#### Licensed Practical Nurse 2007015007

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 5, 2016 and October 5, 2016.

Probation 04/17/2017 to 04/17/2019

### Collins, Kristeen Alisha

West Plains, MO

#### Registered Nurse 2005035103

On or about September 13, 2014, a pharmacy in West Plains, Missouri, received a telephoned prescription from Respondent, who identified herself as nurse A, a nurse who works at Dr. T's office, for Norco 10/235, 240-count with five refills for patient NP, under the authority of Dr. T. Respondent was not employed at Dr. T's office during this time, but had worked there previously and was familiar with the nurses who continued to work there. When the pharmacist contacted Dr. T to verify the prescription, Dr. T denied ordering the prescription. Respondent attempted to pick up the prescription that she stated was for her sister, patient NP. The pharmacist told Respondent that they had not received the prescription, but the pharmacist would contact Dr. T to re-order it. The pharmacy later received a second telephoned prescription for Norco 10/235, 240-count with five refills from Dr. T's office for patient NP. The pharmacist contacted Dr. T again and she denied ordering the prescription. When contacted by the local Police Department, Respondent admitted to Detective B that she had fraudulently called in prescriptions for her sister using Dr. T's DEA number.

Probation 04/17/2017 to 04/17/2022

### Bolin, Jamie Marie

Springfield, MO

#### Registered Nurse 2013001263

On June 17, 2016, hospital officials questioned Licensee about removing Fentanyl for patients that were not assigned to her. Licensee admitted to hospital officials that she had diverted Fentanyl for "several months." A pharmacy proactive diversion report performed by the hospital for December 1, 2015 through April 30, 2016, showed that there were abnormalities with Licensee's narcotic access. From December 1, 2015 through April 30, 2016, Licensee did not document the administration, waste or return of one hundred and twenty (120) ampules of 2 ml Fentanyl. From December 1, 2015 through April 30, 2016, Licensee did not document the administration, waste or return of thirteen (13) 1mg vials of Dilaudid. From December 1, 2015 through April 30, 2016, Licensee did not document the administration, waste or return of one (1) 5mg tablet of Hydrocodone. Licensee admitted to the Board's investigator that she had diverted Fentanyl for her own personal use.

Probation 04/13/2017 to 04/13/2022

### Hirsch, Glen Anthony

Springfield, MO

#### Licensed Practical Nurse 2004008355

On June 15, 2015, Licensee pled guilty to the class A misdemeanor of Domestic Assault - 3rd Degree.

Probation 04/11/2017 to 04/11/2018

### Lindenmoyer, Jane Elizabeth

Columbia, MO

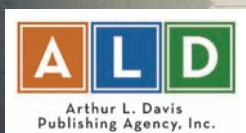
#### Registered Nurse 2003018681

In 2011, Licensee admitted herself into the Arizona Board of Nursing's CANDO chemical dependency program for alcohol abuse but did not complete the program, as she relocated to Missouri in 2013. Licensee reported that she last consumed alcohol on January 6, 2016 and a date of sobriety on January 7, 2016. A recent substance abuse evaluation recommended that Licensee participate and complete an intensive outpatient relapse prevention

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Disciplinary Actions\*\*

program, to include individual counseling and participate in community-based 12-Step meetings. Licensee attends daily AA meetings and has a sponsor.  
Probation 04/24/2017 to 04/24/2022

**Atkins, Desiree A**  
Warrensburg, MO  
**Registered Nurse 140272**

The patient was released from an intensive care unit, transported by ambulance to the residence, and placed in the care of Respondent. Respondent was present when the patient arrived at the residence after 10:00 p.m. on December 30, 2014. The patient was alert, responsive and taking water and medications by mouth upon arrival at the residence. The patient required a BiPAP machine for oxygen treatment according to physician's orders. The treatment plan for the patient included 24-hour nursing care for several days commencing on December 30, 2014. Respondent knew or should have known the patient's treatment plan. Respondent did not place the patient on the BiPAP machine upon the patient's arrival or at any point thereafter. Respondent did not educate any family member on use of the BiPAP machine. Respondent did not have the BiPAP machine ready for use on the patient. Respondent failed to obtain oxygen saturations on the patient. Respondent failed to complete an adequate physical assessment of the patient. Respondent exhibited an uncaring attitude toward the patient and his family. Respondent made negative or inappropriate statements related to the patient's care. Respondent left the patient within two hours of his arrival at the home on December 30, 2014, before midnight. When Respondent left the patient, the patient did not have continuous nursing care as ordered. Respondent ignored the plan of care for the patient. Respondent failed to follow orders for the treatment of the patient. The patient was unresponsive the next morning by the time the next nurse arrived. The patient never regained consciousness after being left by Respondent. The patient died on January 4, 2015.  
Probation 04/21/2017 to 04/21/2019

**Leslie, Jordyn Jae**  
Saint Louis, MO  
**Registered Nurse 2013003929**  
Count I

On or about February 1, 2015, Licensee's co-workers observed Licensee to be falling asleep often during her shift, including while pulling medications from the Pyxis and during a patient handoff. Hospital administrators ran a Pyxis audit for the month of January. The audit revealed that Licensee failed to document the administration of controlled medications in a timely manner on at least thirteen occasions, and documented administration before the medication was pulled on two occasions. An audit of Licensee's patient charts showed incomplete documentation on multiple patients.  
Count II: On or about May 28, 2015, Licensee was observed by co-workers to be exhibiting erratic behavior. Licensee failed to administer a patient's medications, and left the medications in a medicine cup at the patient's bedside. A co-worker reported that Licensee pulled Xanax for a patient after the Xanax was discontinued.  
Count III: On or about July 7, 2015, the narcotic count revealed fifteen Hydrocodone pills were unaccounted for. A review of the narcotic log showed multiple signatures of doctors RS, PD, and GS. These doctors indicated to clinic administrators that their signatures had been forged. When questioned, Licensee initially denied taking the medication, but ultimately admitted to clinic administrators that she had diverted the medications.  
Probation 04/04/2017 to 04/04/2022

**Smith, Jaime Michelle**  
Excelsior Springs, MO  
**Licensed Practical Nurse 1999135119**  
On August 15, 2016, Licensee called a pharmacy in Lenexa, Kansas and requested that a prescription for Oxycodone

for patient JR be filled. Patient JR was currently prescribed Oxycodone 5mg, one (1) tablet every four to six (4-6) hours as needed for pain. Licensee called in a new prescription for Oxycodone 10mg, two (2) tablets every four to six (4-6) hours as needed for pain. Hospice officials learned about the new prescription request and spoke to the patient's physician to confirm the new prescription. Patient JR's physician stated that she had not ordered the new prescription for oxycodone, and stated that Licensee had not contacted her to get authorization to call in a prescription for the patient. Licensee admitted to hospice officials that she did not receive authorization from the patient JR's physician to call in a prescription for the patient.  
Probation 05/24/2017 to 05/25/2017

**Snider, Maria Kristine**  
Blue Springs, MO  
**Registered Nurse 2017013715**

Applicant was previously licensed by the Board as a registered professional nurse, license number RN 2007029971, under the name of Maria K. Trimble. Applicant entered into a Settlement Agreement effective March 12, 2014, with the Board stipulating that her license was subject to discipline due to multiple DWI convictions and a conviction of driving while suspended. Applicant's license was placed on probation for a period of five (5) years under specified terms and conditions. Following a probation violation hearing on March 4, 2015, the Board issued its Findings of Fact, Conclusions of Law, and Disciplinary Order on April 22, 2015, revoking Applicant's registered professional nurse license due to failing to comply with the terms of probation. The Board revoked her license for the following violations of her probationary terms: From April 3, 2014, through January 26, 2015, Respondent failed to call in to NTS on one hundred-thirty (130) separate days. From April 3, 2014, through January 26, 2015, Respondent failed to show for testing with NTS on eight (8) separate days. On September 18, 2014, Respondent was incarcerated in the Missouri Department of Corrections for a term of three (3) years as a result of her criminal probation being revoked for violation of the conditions of her probation by being arrested for driving while suspended. The Board did not receive an update of her employment and/or unemployment status or proof of attendance at support group meetings by the quarterly due date of December 12, 2014. As part of the application process, Applicant was required to complete a chemical dependency packet and undergo a chemical dependency evaluation. The chemical dependency evaluation shows a diagnosis of alcohol use disorder in full remission with a recommendation of ongoing substance abuse testing.  
Probation 05/03/2017 to 05/03/2022

**Biddle, Morgan Le Anne**  
West Plains, MO  
**Registered Nurse 2012003651**

On July 15, 2016, an audit of home health visits of patient records from May 2016 through July 2016 revealed that Licensee had failed to complete fifty-six (56) documents. Licensee was confronted by agency supervisors; she stated that she had documented the patient visits in her own notebook and then, at a later date, she would enter the patient visits' information into the agency's computer medical records. When confronted by agency supervisors, Licensee had, at that point in time, three (3) months of incomplete documentation. Upon further review of the Licensee's later entered documented assessments of patients, it was found that Licensee documented diabetic assessments on two (2) patients that were not diagnosed

as diabetic. On another patient, it was discovered that Licensee had documented the same glucose ranges for fasting, lunch, dinner and bedtime for four (4) consecutive visits. Furthermore, Licensee visited a patient on July 5, 2016, Licensee documented the visit in the agency computer medical files on July 18, 2016, but she documented the home health visit as occurring on the future date of July 21, 2016.  
Probation 05/24/2017 to 05/24/2018

**Nance, Jason L**  
Florissant, MO  
**Licensed Practical Nurse 2017011444**

Applicant was previously licensed as a licensed practical nurse by the Board, license number PN 2001020490, on August 15, 2001. On May 12, 2005, Applicant's license was placed on probation for a period of one year due to failing to document the administration or waste of several doses of Ambien, morphine, Percocet and Tylenol #3, failing to submit to a drug test and admitting to smoking marijuana. On June 15, 2006, the Board revoked Applicant's license for failing to comply with the terms of his probation by admitting to diverting controlled substances from his employer, specifically Vicodin, and falsifying or altering his medication reports to conceal his diversion. Applicant states that he last used drugs in March 2006 and last used alcohol in March 2016; however, Applicant has not completed any substance abuse treatment or aftercare. Applicant underwent a chemical dependency evaluation on or about April 1, 2016. The evaluator indicated that Applicant did not need further treatment based upon what Applicant reported to her, her observations, a drug test and the results of the Addiction Severity Index, which is also based upon what Applicant reported; however, the evaluator recommended random drug testing.  
Probation 04/13/2017 to 04/13/2022

Probation continued on page 13



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Disciplinary Actions\*\*

Probation continued from page 11

**Lenhardt, Lisa Ann**  
De Soto, MO  
**Licensed Practical Nurse 2001026626**  
On January 10, 2015, a resident asked Licensee for his pain medication. Facility staff witnessed Licensee yelling and threatening a resident; Licensee was using foul and abusive language.  
Probation 03/01/2017 to 03/01/2018

**Stritzel, Heather M**  
Saint Louis, MO  
**Licensed Practical Nurse 056895**  
In July of 2011, while working as an LPN at the facility, Respondent called in for herself, without a physician's knowledge that she was using his DEA number, a prescription for Norco. Respondent refilled the prescription for Norco four times for herself in 2011.  
Probation 04/11/2017 to 04/11/2020

**Winkler, Jennifer Lee**  
Springfield, MO  
**Registered Nurse 2009036505**  
On February 16, 2016, while assessing a new patient, Licensee did not review the doctor's orders, which included making a laboratory draw during the new admission visit. Subsequently, Licensee returned to the patient's home on February 17, 2016, to draw the lab that she failed to perform the prior day. Licensee did not


perform the correct lab draw to obtain an accurate INR reading. Ultimately, the patient had to be admitted to the emergency room for further evaluation and to receive vitamin K. On February 18, 2016, during a congestive heart failure patient's home visit, Licensee documented a five pound weight gain in a week. Agency policy mandates that a physician be notified when a congestive heart failure patient has a five pound weight gain in a week. Licensee did not follow agency policy and notify the patient's physician. On February 20, 2016, that patient was admitted to the hospital with too much retained fluid. Additionally, on March 7, 2016, Licensee was to perform wound care on a patient. The physician's order specifically stated to not remove the Mepitel. Licensee did not follow the physician's order and removed the Mepitel and completely cleansed the wound. That action potentially delayed the healing of the patient's wound. When questioned by an agency supervisor, Licensee stated that she did remove the Mepitel and she felt it was okay for her to substitute her nursing judgment for the physician's order at that time.  
Probation 04/27/2017 to 04/27/2018

**Unnerstall, Nicole Michelle**  
Saint Charles, MO  
**Registered Nurse 2005008849**  
On March 30, 2016, Licensee was observed at work in an intoxicated condition. Licensee had slurred speech, uncontrollable handwriting, and appeared to be having a stroke; Licensee was admitted to the Emergency Department at the hospital. While in the Emergency Department, Licensee admitted to hospital officials

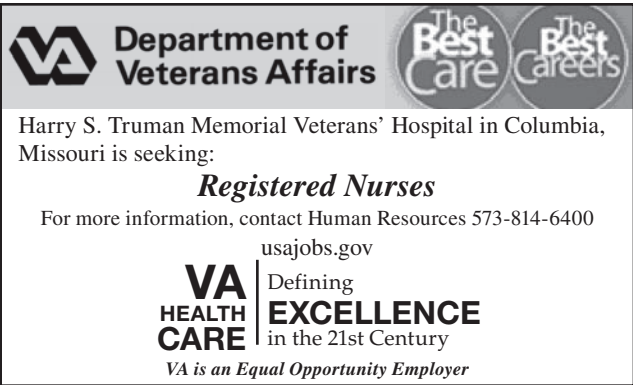
that she had consumed alcohol while on shift. Licensee took a for-cause drug screen, which returned positive for Midazolam on April 8, 2016. Licensee did not have a prescription for, or a lawful reason to possess, midazolam. Licensee submitted a breath sample for breathalyzer blood alcohol test, which returned positive with a .236% blood alcohol level. After fifteen minutes, Licensee again submitted a breath sample for a breathalyzer blood alcohol test, which returned positive with a .244% blood alcohol level.  
Probation 03/21/2017 to 03/21/2022

**Taylor, Sarah Lynn**  
Battlefield, MO  
**Registered Nurse 2000172196**  
During a routine audit it was noted by hospital officials that Licensee had several discrepancies in her documentation of medications between June 22, 2014 and July 18, 2014. Between June 22, 2014 and July 18, 2014 on ten (10) occasions Licensee did not waste medications properly. Between June 22, 2014 and July 18, 2014 on six (6) occasions Licensee did not properly document the

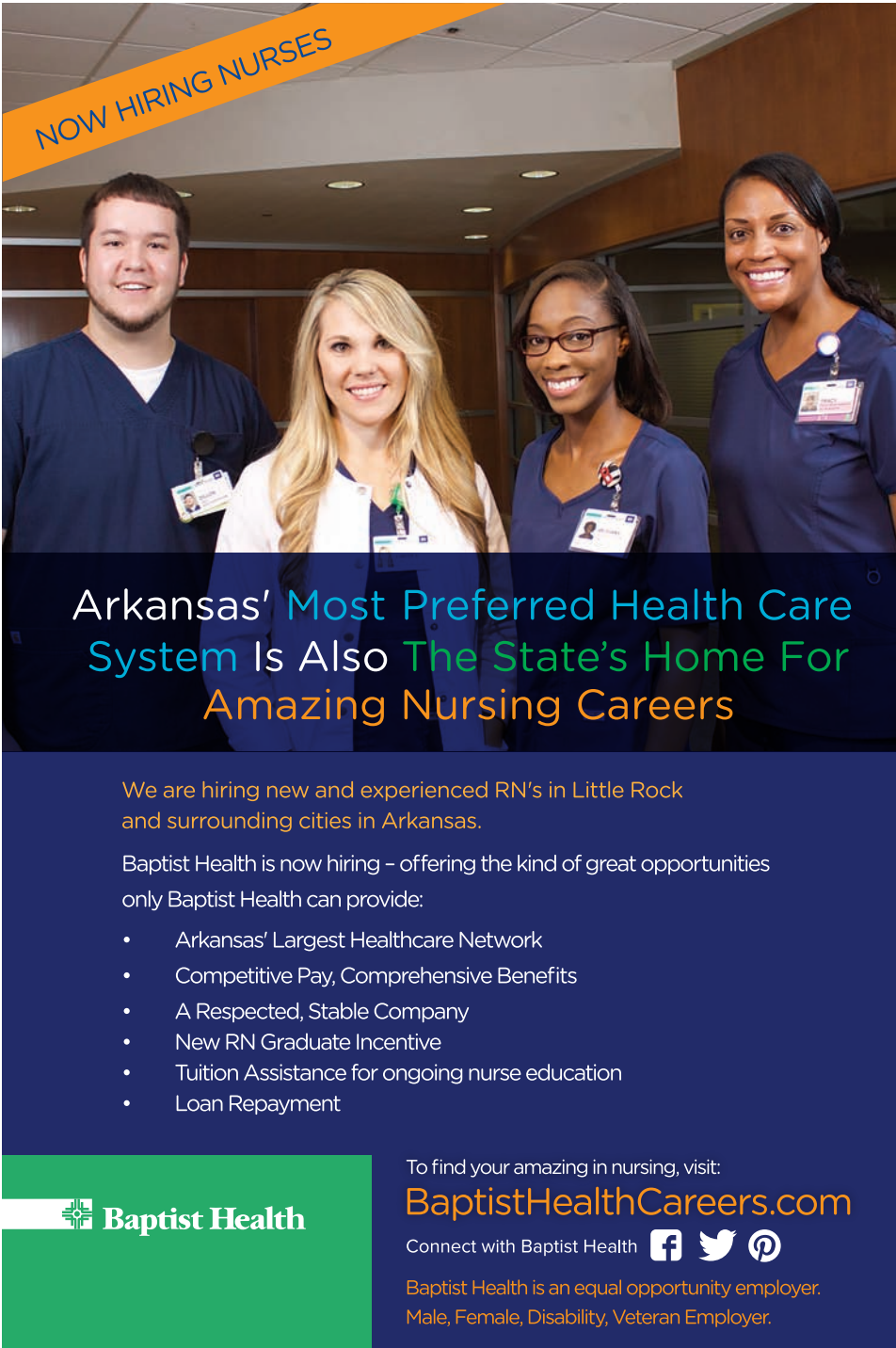
Probation continued on page 15



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Disciplinary Actions\*\*

Probation continued from page 13

amount of medications used or wasted to a patient. On August 12, 2014, Licensee was requested to take a drug screen, which was positive for Versed and marijuana. Probation 04/11/2017 to 04/11/2020

**Stadler, Louis Joseph**  
Camdenton, MO  
**Registered Nurse 2010008003**

On May 5, 2016, Licensee was observed by his coworkers in an intoxicated condition. Licensee had a smell of alcohol on his breath, glassy eyes, red skin tone, he was speaking in loud tones, and he had spoken to coworkers about drinking the night prior. Licensee was asked in the Emergency Room at the hospital to submit to a breath sample for breathalyzer blood alcohol test, which returned positive with a 0.19 blood alcohol level. Probation 05/18/2017 to 05/18/2022

**Shields, Brent Everett**  
Saint Peters, MO  
**Registered Nurse 2001023154**

While employed as a CRNA, supervisors noticed Licensee acting differently and withdrawing more Dilaudid than normal. On April 15, 2016, Licensee's drug screen returned positive for Fentanyl. An audit of Licensee's narcotic medication usage revealed that Licensee failed to properly document the administration, waste, or return Dilaudid, Fentanyl, and Morphine. Licensee admitted to the Board's investigator that he began diverting Fentanyl in October 2015 and that he diverted Dilaudid in April 2016. Licensee admitted to the Board's investigator that he has been suffering from alcoholism for the last five years, which developed into an addiction to narcotic pain medication in October 2015. On December 19, 2016, Licensee pled guilty in St. Charles County, Missouri Circuit Court to the Class B Misdemeanor of driving while intoxicated and to the Class A Misdemeanor of leaving the scene of an accident. On February 28, 2017, Licensee pled

guilty in St. Charles County, Missouri Circuit Court to the Class B Misdemeanor of driving while intoxicated. Probation 05/26/2017 to 05/26/2022

**McConnell, Tori Lynn**  
Sikeston, MO  
**Registered Nurse 2008021932**

On July 24, 2014, Respondent pled guilty to unlawful use of drug paraphernalia. On December 17, 2014, Respondent pled guilty to domestic assault in the third degree. On or about April 20, 2015, Respondent submitted her 2015 registered professional nurse renewal application. Respondent failed to disclose her guilty pleas on her 2015 registered professional nurse renewal application. An investigator for the Board attempted to contact Respondent to discuss why she had failed to disclose her guilty pleas on her renewal application. Respondent could not be located and failed to respond to the Board's investigator in relation to this case. Probation 04/17/2017 to 04/17/2022

**Koelling, Michael John**  
Jefferson City, MO  
**Registered Nurse 2011033700**

Count I: On September 2, 2015, Licensee was asked to submit a sample for a for cause drug screen. Licensee agreed to submit a sample and provided the sample on September 2, 2015. The sample Licensee submitted was confirmed positive for Morphine. Respondent never submitted a response to the investigation, nor cooperated with the Board's investigation. Count II: On November 11, 2015, Licensee was charged with the class C Felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana, in the Circuit Court of Cole County for possession of methamphetamine. Additionally, on November 11, 2015, Licensee was charged with the class A Misdemeanor of Possession of up to 35 Grams of Marijuana, in the Circuit Court of Cole County. On June 8, 2016, Licensee was accepted into the Cole County Drug Court Program. Probation 04/11/2017 to 04/11/2022

**Shy, Janet Rebekah**  
Desloge, MO  
**Licensed Practical Nurse 037659**

On July 24, 2015, Respondent pled guilty to the class C Felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana for the possession of hydrocodone on or about November 23, 2011. On July 24, 2015, Respondent pled guilty to the class C Felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana for the possession of hydrocodone on or about August 26, 2013. Probation 04/17/2017 to 04/17/2022

**Flowers, Faith E**  
Auxvasse, MO  
**Licensed Practical Nurse 051102**

The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf by the documentation due date of September 12, 2016. Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent did not attend the meeting scheduled with the representative of the Board, and did not contact the Board to reschedule the meeting. Probation 04/27/2017 to 04/27/2019

Probation continued on page 16

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Disciplinary Actions\*\*

Probation continued from page 15

**Lennox, Glenna R**  
Columbia, MO  
**Registered Nurse 120850**  
On May 12, 1998, Licensee entered a plea of guilty to the offense of DWI - 1st in the Circuit Court of Marion County, Missouri. On October 26, 2016, Licensee pled guilty to the class C felony of Possession of Controlled Substance - Methamphetamine in the Circuit Court of Ralls County, Missouri. Licensee reported her drugs of choice were methamphetamine, marijuana and alcohol, with a lengthy history of abuse.  
Probation 04/17/2017 to 04/17/2021

REVOKED

**Gladstone, Elizabeth Ann**  
Albany, MO  
**Licensed Practical Nurse 2003024479**  
From May 18, 2016, until the filing of the Complaint on February 8, 2017, Respondent failed to call in or check in with NTS on thirty-four (34) days that were not excused. Further, on July 15, 2016; November 14, 2016; and December 22, 2016, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on August 23, 2016, and January

30, 2017, Respondent failed to call or check-in with NTS; however, both were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on August 23, 2016, and January 30, 2017. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 11, 2017.  
Revoked 04/12/2017

**Russo, Michael David**  
Saint Louis, MO  
**Registered Nurse 2013042980**  
Respondent failed to complete the contract process with NTS within five (5) weeks of the effective date of the Order. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of November 7, 2016. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of December 6, 2016.  
Revoked 04/04/2017

**Donley, Jennifer L**  
Saint Louis, MO  
**Registered Nurse 136035**  
Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of January 19, 2016; April 19, 2016; or July 19, 2016. The Board did not receive a chemical dependency evaluation by the quarterly due dates of January 19, 2016; April 19, 2016; or July 19, 2016. The Board did not receive proof of support group attendance by the quarterly due dates of January 19, 2016; April 19, 2016; or July 19, 2016.  
Revoked 04/12/2017

**Walsh, Charline**  
Arnold, MO  
**Licensed Practical Nurse 038970**  
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of July 5, 2016. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following categories: Sharpening Critical Thinking Skills for Competent Nursing Practice and Physical Assessment (Adult), and have the certificate of completion for all hours submitted to the Board by October 5, 2016. As of the Complaint filing on October 19, 2016, the Board had not received proof of any completed hours.  
Revoked 04/12/2017

**Howard, Michelle Renee'**  
Iberia, MO  
**Registered Nurse 2013031530**  
On or about May 8, 2015, the hospital pharmacy discovered a narcotic discrepancy, which left five 5mg oxycodone IR tablets missing. The pharmacy transaction report showed that Respondent was the only staff member who had accessed the drawer containing the oxycodone tablets. Respondent had administered three 5 mg oxycodone IR tablets to patients. Two 5 mg oxycodone IR tablets were still unable to be accounted for and Respondent was unable to explain the discrepancy. Respondent denied diverting the missing medication. During questioning, hospital personnel observed Respondent's eyes were cloudy, her gait was unsteady, she seemed confused by the questions, and her speech was slurred. Respondent refused to submit to a for-cause drug screen and attempted to climb out a window in order to leave the premises. Respondent ultimately left the premises without submitting to the for-cause drug screen.  
Revoked 04/12/2017

**Barrett, Bonnie Jean**  
Olathe, KS  
**Registered Nurse 2010016379**  
The Missouri State Board of Nursing received information from the Kansas Board of Nursing via the NURSIS website that the nursing license of Respondent was revoked in a Proposed Default Order dated July 27, 2016.  
Revoked 04/04/2017

**Hurst, Nancy J**  
Conception Jct, MO  
**Registered Nurse 083033**  
An audit performed in August 2015 showed that patient S.A. only received pain medication when Respondent was her nurse. Patient S.A. had not received pain medication in the previous days when other nurses were assigned to her care. Respondent documented that she administered two tablets of Norco to patient S.A. on August 17, 2015 at 12:00 p.m. and 6:00 p.m. and two more tablets around 8:00 a.m. on August 18, 2015. Respondent did not document patient S.A.'s pain level on these days. A drug screen was performed on Patient S.A. on August 18, 2015, at 1:00 p.m. and the results were negative. The records also noted that Respondent had administered a tablet of Norco to Patient M.W., who was not assigned to Respondent's care, thirty minutes after patient M.W. had received a PCA bolus. Patient M.W. had undergone surgery the same day. Further, Respondent documented the administration of two tablets of Norco at 9:00 a.m. on August 17, 2015, to patient J.W.; however, subsequently, another nurse found this medication in a cup in patient J.W.'s room. When questioned, patient J.W. stated she had received one tablet

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Disciplinary Actions\*\*

of Norco at 5:00 a.m. Respondent was asked to submit to a for cause drug screen on August 18, 2015. The drug screen was positive for oxycodone. The drug screen was verified by the Medical Review Officer on August 22, 2015. Respondent admitted to hospital administrators that she had taken her husband's oxycodone prescription for back pain. Respondent did not have a prescription for oxycodone.  
Revoked 04/12/2017

**Acree, Teri Lynn**  
Piggott, AR  
**Licensed Practical Nurse 2006025267**  
On January 4, 2017, the Arkansas State Board of Nursing issued a Cease and Desist Order to Respondent ordering her to immediately cease and desist from the practice of nursing in the state of Arkansas due to violations of the Arkansas Nurse Practice Act.  
Revoked 04/21/2017

**Fuller, Melissa Jane**  
Platte City, MO  
**Licensed Practical Nurse 2007025895**  
Respondent had failed to complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 11, 2017.  
Revoked 04/04/2017

**Moore, Ericka Renee**  
Saint Louis, MO  
**Licensed Practical Nurse 2010024993**  
The Board did not receive proof of the required continuing education hours.  
Revoked 04/04/2017

**Biggs, Jamey Lee**  
Belleville, IL  
**Registered Nurse 2003024481**  
Count I: On August 29, 2014, Respondent withdrew 100 mcg of fentanyl for patient KW. Respondent documented the administration of 50 mcg of fentanyl, but failed to document the administration, waste, or return of the remaining 50 mcg. On September 2, 2014, Respondent withdrew 100 mcg of fentanyl for patient JS. Respondent documented the administration of 50 mcg of fentanyl, but failed to document the administration, waste, or return of the remaining 50 mcg. On August 30, 2014, Respondent charted the administration of .5 mg of hydromorphone for patient KW at 12:02. Respondent withdrew 1.0 mg of hydromorphone at 12:19, making it impossible for her to have administered the medication at 12:02. On August 30, 2014, Respondent charted the administration of .5 mg of hydromorphone for patient KW at 12:37. Respondent withdrew 1.0 mg of hydromorphone at 01:00, making it

impossible for her to have administered the medication at 12:37. On August 20, 2014, Respondent withdrew 100 mcg of fentanyl for patient RA at 19:23 and 200 mcg of fentanyl at 20:08 for a total of 300 mcg withdrawn. Respondent documented the administration of 50 mcg of fentanyl to patient RA at 19:25, 19:34, 20:02, 20:11, and 20:38 for a total of 250 mcg administered. Respondent failed to document the administration, waste, or return of the remaining 50 mcg. On August 28, 2014, Respondent withdrew 100 mcg of fentanyl for patient RB. Respondent documented the administration of 50 mcg of fentanyl, but failed to document the administration, waste, or return of the remaining 50 mcg. On August 29, 2014, Respondent withdrew 10 mg of diazepam for patient RB. Respondent documented the administration of 5 mg of diazepam, but failed to document the administration, waste, or return of the remaining 5 mg. On August 29, 2014, Respondent

withdrew 1.0 mg of hydromorphone for patient RB. Respondent failed to document the administration, waste, or return of the 1.0 mg of hydromorphone. On August 29, 2014, Respondent withdrew 100 mcg of fentanyl for patient KH. Respondent documented the administration of 50 mcg of fentanyl, but failed to document the administration, waste, or return of the remaining 50 mcg. On August 29, 2014, Respondent withdrew 1.0 mg of hydromorphone for patient KH at 07:20. Respondent documented the administration of .5 mg of hydromorphone at 07:24, but failed to document the administration, waste, or return of the remaining .5 mg. On August 22, 2014, Respondent withdrew 1.0 mg of hydromorphone for patient SH at 00:01 and again at 00:18 for a total of 2.0 mg. Respondent

Revoked continued on page 18



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# Disciplinary Actions\*\*

## Revoked continued from page 17

documented the administration of .5 mg of hydromorphone at 00:02, but failed to document the administration, waste, or return of the remaining 1.5 mg. On August 28, 2014, Respondent withdrew 1.0 mg of hydromorphone for patient KU at 22:48. Respondent documented the administration of .5 mg of hydromorphone at 22:48, but failed to document the administration, waste, or return of the remaining .5 mg. On August 28, 2014, Respondent withdrew 100 mcg of fentanyl for patient KU. Respondent documented the administration of 50 mcg of fentanyl, but failed to document the administration, waste, or return of the remaining 50 mcg. In May 2011, Respondent was employed directly by the hospital. The hospital conducted a Pyxis audit due to missing fentanyl and discovered several narcotic discrepancies under Respondent's name related to the withdrawal and administration of fentanyl. Respondent was requested to submit a sample for a drug screen. The sample which Respondent submitted returned positive for fentanyl. Count II: On or about March 4, 2016, the Board received information that Respondent's privilege to practice nursing was revoked in the State of Arizona. Revoked 04/04/2017

### Mision, Lisa J

Osage Beach, MO

#### Registered Nurse 107013

The Missouri State Board of Nursing received information from the North Carolina Board of Nursing via the NURSIS website that Respondent's privilege to practice nursing in North Carolina was suspended indefinitely, effective June 28, 2016 via a Published Consent Order. Revoked 04/17/2017

### Syring, Kristi Dawn

Crane, MO

#### Licensed Practical Nurse 2007021112

Respondent failed to call in to NTS on five (5) days. Respondent failed to report to a collection site to provide a sample for testing on October 17, 2016. In addition, on six (6) separate occasions, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On October 31, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate, metabolites of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed beer and wine the weekend before the test. On December 1, 2016, Respondent reported to a collection site to provide a sample and the sample

tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate, metabolites of alcohol. Respondent denied to Dr. Greg Elam that she had been drinking, but stated she had been using over-the-counter cold medication. On December 27, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate, metabolites of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed alcohol over Christmas. On January 27, 2017, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Sulfate (EtS), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she drank wine the day of the test. On February 1, 2017, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate, metabolites of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed wine on her days off. On December 15, 2016, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of morphine. On January 2, 2017, Respondent reported to a collection site to provide a sample and the sample tested positive for morphine and Ethyl Glucuronide (EtG), a metabolite of alcohol. Revoked 04/04/2017

### Clark, Jennifer Caroline

Shawnee Mission, KS

#### Registered Nurse 2004031150

The Missouri State Board of Nursing received information from the Kansas Board of Nursing via the NURSIS website that the nursing license of Respondent was revoked in a Proposed Default Order dated September 28, 2016. Revoked 04/17/2017

### Payne, Marletta A

Saint Louis, MO

#### Registered Nurse 2004021981

On December 7, 2015, Respondent pled guilty to the offense of False Statements and Representations Concerning Health Care Benefit. Revoked 04/17/2017

### Hernandez, Leona Lynn

Kansas City, MO

#### Licensed Practical Nurse 2015018034

Respondent abandoned her patients without reporting off on their conditions to another nurse. Respondent never

responded to the Board and failed to cooperate with the Board during the investigation of this case. Revoked 04/04/2017

### Hoffman, James L

Battlefield, MO

#### Registered Nurse 117248

The Missouri State Board of Nursing received information from the New Mexico Board of Nursing via the NURSIS website that the nursing license of Respondent was revoked in New Mexico by the New Mexico Board of Nursing by Default Order dated June 26, 2015. On September 20, 2016, Respondent entered a plea of no contest to the fourth degree felony of Aggravated Battery (Great Bodily Harm) (Attempt) in the First Judicial District Court of Santa Fe County, New Mexico. Revoked 04/17/2017

### Barry, Laura R

Saint Louis, MO

#### Registered Nurse 151147

On October 25, 2011, Respondent received a verbal warning due to administering medication to a student without a doctor's order in place per School District policy. On September 20, 2012, Respondent received a formal written warning due to administering medication to students without parent's or doctor's signatures. On March 6, 2014, Respondent was suspended without pay due to administering medication to a student without a doctor's signature present as well as administering medication to a student, who did not have the original pharmacy label present. On September 25, 2014, Respondent received an informal warning that she needed to complete clinic documentation. On May 29, 2015, School District administrators discovered that Respondent had not completed an End of Year Check-out as required by School District policy. Respondent had also failed to complete the clinic visit documentation. Revoked 04/04/2017

### Hughes, Dawn C

Warrenton, MO

#### Licensed Practical Nurse 045745

On or about September 11, 2015, resident G.D. was admitted to the hospital after facility staff suspected she had suffered a stroke. A subsequent investigation revealed that Respondent failed to administer daily Lovenox injections (medication that prevents blood clots) to resident G.D., as ordered, on eighteen (18) occasions. On August 3, 2015, resident G.D.'s physician had written an order for daily Lovenox injections; subsequently, the pharmacy delivered sixty (60) prefilled vials to the facility. From August 4, 2015 through September 10, 2015, the injections should have been administered to resident G.D. thirty-eight (38) times. The medication administration records reflected that Respondent had administered the injections to resident G.D. on thirty-four (34) separate occasions; however, on four (4) of those occasions, Respondent failed to initial the medication administration records for the administration of the injections. A count of the injections revealed that forty (40) syringes remained; if the injections had been administered as Respondent recorded, then only twenty-two (22) syringes should have remained. On approximately eighteen (18) occasions, Respondent falsely documented that she had administered the injections to resident G.D. Respondent admitted to the facility administrator that she had missed administering some Lovenox doses, that she may have signed the medication administration records indicating she had administered the injections, then became distracted, and did not give the injections to resident G.D. Respondent acknowledged to the Department of Health and Senior Services' investigator and the Board's investigator that there were days where she had documented in the medication administration records that the injections had been administered when she had not actually administered the injections to resident G.D. Revoked 04/04/2017



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VOLUNTARY SURRENDER

**Starks, April Dawn**  
Higbee, MO  
**Licensed Practical Nurse 2013031645**  
On June 17, 2015, Licensee filled a prescription for herself for fifty-six Percocet pills at a pharmacy in Randolph County, Missouri, representing that Dr. EB had authorized the prescription. On June 23, 2015, Licensee filled a prescription for herself for 120 Tramadol pills at the same pharmacy in Randolph County, Missouri, representing that Dr. EB had authorized the prescription. On July 6, 2015, Licensee filled a prescription for herself for 240 Tramadol pills at the pharmacy in Randolph County, Missouri, representing that Dr. EB had authorized the prescription. On July 16, 2015, Licensee filled a prescription for herself for 120 Percocet pills at the pharmacy in Randolph County, Missouri, representing that Dr. EB had authorized the prescription. Dr. EB never authorized any prescriptions for Percocet or for Tramadol for Licensee. On October 11, 2016, Licensee pled guilty to four counts of the class D Felony of Fraudulently Attempting to Obtain a Controlled Substance in the Circuit Court of Randolph County, Missouri, in case number 16RA-CR00104-01. Voluntary Surrender 03/20/2017

**Williams, Jocelyn Monique**  
Mcdonough, GA  
**Registered Nurse 2013027878**  
On July 20, 2016, the Montana Board of Nursing suspended Licensee’s Montana nursing license in a Final Order by Default for failing to participate and cooperate in a Board investigation. The Montana Board of Nursing suspended Licensee’s nursing license until she submits proof to the Board office of having completed 24 contact hours of CE for the January 1, 2013 through December 31, 2014 license period or by submitting proof that she has completed 24 make-up hours of CE. In lieu of completing the CE requirements, she was given the option of surrendering her license. Voluntary Surrender 04/03/2017

**Stinnett, Rebecca J**  
Springfield, MO  
**Registered Nurse 2015012087**  
Licensee voluntarily surrendered her Missouri nursing license effective April 6, 2017. Voluntary Surrender 04/06/2017

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME

☐ ADDRESS

☐ PHONE

☐ ALTERNATE PHONE

☐ EMail

☐ RN

☐ APRN

☐ LPN

Missouri License Number

Last 4 Digits of Social Security Number

NAME AS CURRENTLY IN OUR SYSTEM

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First Name (Printed)

NEW INFORMATION

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First Name

Middle Name

( )

( )

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CITY

STATE

ZIP

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- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
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I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

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Date

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